

Arts Build Communities Grant Program

FY 05 Final Report

Deadline: 30 days after the completion of the grant period

1. Grant Number: _____ Fiscal Year: 2005
2. Grantee's Name _____
3. Mailing Address _____
4. City _____ 5. State _____ 6. Zip+4 _____
7. County _____ 8. FEIN # _____
9. Phone Number _____ 10. Fax Number _____
11. Email Address _____
12. **Contact Person** for this report _____
13. Phone Number _____ 14. Fax Number _____
15. Email Address _____
16. Activity Dates Begin: _____ End: _____
17. Number of Individuals who Benefited from this grant Youth _____ Adult _____
18. Dollar amount spent on Arts Education \$ _____
19. Number of Artists who Participated in this activity _____
20. What counties do you serve? _____
21. What other states do you serve? (if applicable) _____
22. KAC dollars awarded for this activity leveraged \$ _____ dollars from other sources
23. List other sources: _____

As you reach the conclusion of your Arts Build Communities Grant funding period for FY 2005, please respond to the following self-assessment questions on a maximum of two pages, placing your organization's name in the top right hand corner of the page.

1. Impact/Evidence

Describe the impact this project had on the community and provide supporting evidence (Note: Evidence may include materials created, survey results or other audience feedback, participant comments, observation, bibliographies, publications, quantitative participation data, etc.). Please address:

- How the project partners worked together to plan and implement the project, and the long-term impact of the partnership
- How the community was involved in the implementation of the project
- The benefits to the community as a result of the project

2. Credit

How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of programs, advertisements, newsletters, web site links, etc., containing the credit line.

Grant Activity Financial Report

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

Income	Original Budget	Actual
Kentucky Arts Council Arts on Tour Grant		(grant amount)
Matching Funds (list each major source)		
Total Income		

Expenses	Original Budget	Actual
List each line item from the budget in your application.		
Total Expenses		

Net / (Deficit)		
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Mailing Address for Final Report

Kentucky Arts Council
 Old Capitol Annex
 300 West Broadway
 Frankfort, KY 40601-1980
 502-564-3757
 Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature _____ Date _____

All signatures must be in **RED ink.**

Type Name _____ Title _____